

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90082 022 ***150.00

DOCUMENT # P99000072641 1. Entity Name MISTER CLEAN HIMSELF, INC.																																																																							
Principal Place of Business 3550 NORTHWEST 80TH TERRACE MIAMI FL 33145		Mailing Address 3550 NORTHWEST 80TH TERRACE MIAMI FL 33147																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																					
City & State		City & State																																																																					
Zip	Country	Zip	Country																																																																				
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State																																																																					
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>☒ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME		☐ Delete		☐ Change ☐ Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			☒ Delete		☐ Change ☐ Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			☐ Delete		☐ Change ☐ Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			☐ Delete		☐ Change ☐ Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			☐ Delete		☐ Change ☐ Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																							
SIGNATURE: <i>Sam Wilcox, Black</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																							



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

April 25, 2001 305-693-6357
 Date Daytime Phone #